

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25975

1. PLACE OF DEATH

County Clinton

Registration District No. 207

Township

Primary Registration District No. 4125

City Plattsburg (No.)

St. Ward

2. FULL NAME

Florence Cath Green

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Louis
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield Kans.

13. NAME Leander Cutting

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Lena Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wm. Green 755 Cheyenne Kansas City Kan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithsonian DATE 8-3

19. UNDERTAKER (ADDRESS) Wm. P. Green

20. FILED Aug 3, 1933 C. W. Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Aug. 1, 1933
I last saw her alive on Aug. 1, 1933 Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Chronic hepatitis
131
acute arthritis of knee
hip + shoulder
Date of onset 2 months

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. M. Steckman, M. D.
(Address) Plattsburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

